



Agency Recommendation Summary

The Department requests carrying over the projected unused portion of our SFY24 state funding for the Cancer Prevention and Screening Program to SFY25, where we currently have a full grant shortfall. The Department also requests additional state funds to cover the remaining funding shortfall gap in SFY25.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Staffing						
FTEs	-0.3	2.4	1.05	0.0	0.0	0.0
Operating Expenditures						
Fund 001 - 1	(\$1,900)	\$3,384	\$1,484	\$0	\$0	\$0
Total Expenditures	(\$1,900)	\$3,384	\$1,484	\$0	\$0	\$0

Decision Package Description

DESCRIPTION

The Department of Health obtained a one-time in cycle funding increase for the FY24 cancer grant program after the 2023 legislative session that covered a portion of the grant shortfall that was being backfilled by the state. The Department has two requests: 1) transfer the anticipated unused GFS allocation from FY24 to FY25 and 2) appropriate additional funds in FY25 to cover the remaining grant shortfall. Continued funding allows the Department to maintain serving residents. Also, the number of people served is used in future grant funding allocations models by the federal government.

The Department works with regional contractors that work in their communities locally. The program has been primarily reliant on federal funds and experienced a significant funding shortfall in the 2022-2023 program year that the state worked to address. Supplemental state funding for the 2022-2023 program year was secured to address the shortfall. For the 2023-2024 program year, a large portion of the federal funds were restored, however FY25 federal funding levels are not yet known, and we could again experience a significant shortfall.

At historical funding levels the Breast, Cervical and Colon Health Program (BCCHP) has only been able to serve less than a quarter of the estimated eligible population. Last year, with supplemental state funding, the BCCHP program was able to serve 8,910 people. Over the last few years, regions of the state have had to routinely slow or stop cancer screening services before the end of the program year due to the lack of funds.

BCCHP relies on regional implementors and partners working locally to support people through cancer screening and on to treatment if needed. This support is particularly critical for rural areas and areas with limited access to health services. Regional case managers are vital and assist a client in insurance screening much like an in-person assister and connect them to eligible services and resources in their region.

This program is challenged to meet existing and growing needs. The COVID19 pandemic and health systems staffing challenges exacerbated delays in screening and diagnostic services, which have created a backlog. We are requesting the authority to expend a portion of FY24 funds into FY25 to meet this need. Funds will be used to provide screening, diagnostic, navigation, and case management services.

In addition, the comprehensive cancer control program has not received federal funding for community contracts. For FY25 \$234,000 is needed for level continuation of current community engagement funds. There is a shortfall in federal dollars for contracts with community partners and this is critical for support of cancer prevention and survivorship activities. Without continuation of this funding, there are no federal funds available for community contracts. These community contracts will support cancer prevention activities related to increasing HPV vaccination rates, strengthening services for cancer survivors, youth cancer prevention education, and bridging disparity gaps in rural communities.

Another cancer program effected by federal funding insecurity is the Washington State Cancer Registry (WSCR), which will not be able to maintain future statewide data collection processes and management of collected data without an additional investment of \$250,000. Funding is requested to keep WSCR in compliance with state law (RCW 70.54.230). The funding will support a full-time epidemiologist to evaluate and manage data within the registry, and a health service consultant position to support collaborative partnerships to build consensus about WSCR operations and educate healthcare organizations about the cancer registry and cancer reporting requirements in Washington State.

PROPOSAL

Due to a \$2.9 million shortfall in FY25, the Breast, Cervical and Colon Health Program (BCCHP) requests to transfer unused GFS from FY24 to FY25 in the amount of \$1,900,000. The BCCHP needs additional funding of \$1,000,000 in FY25 so this program is kept whole. \$250,000 is needed in FY25 for the cancer registry and \$234,000 is needed for comprehensive cancer control to maintain existing service levels. This will ensure sustained levels of service and ongoing navigation to resources for people with cancer screening, diagnostic and treatment needs.

BCCHP

- FY24 proviso allocation = \$2,828,000
- One-Time Grant Increase = \$1,900,000
- FY24 Proviso Projected Spend = \$928,000
- Projected FY24 unused Proviso = \$1,900,000 to be carried into FY25
- \$1,000,000 extra to make program whole in FY25.

Comprehensive Cancer

- FY24 proviso allocation = \$232,000
- One-Time Grant Increase = \$0
- Projected unused Proviso = \$0
- Requesting \$234,000 to make FY25 cancer program fully funded.

Cancer Registry

- FY24 Proviso allocation = \$238,000
- One-Time Grant Increase = \$0
- Projected unused Proviso = \$0
- Requesting \$250,000 to make FY25 cancer program fully funded.

ALTERNATIVES

Not ensuring funding short falls are addressed for the program will lead to greater barriers to people accessing cancer screening services and treatment and may lead to increased late-stage cancers and worse outcomes for people with cancer. If no action is taken, community organizations can no longer provide cancer support for vulnerable populations, which leads to increased cancer incidences, decreased cancer screenings, and decreased treatment uptake due to lack of support. If another federal funding shortfall of the magnitude that occurred in SFY23 and SFY24 occurred, without state coverage for that gap, we could not afford to implement a statewide cancer program. Without WSCR, Washington state would not be able to collect cancer data, measure progress, drive actions, prevent cancers, or improve treatment for all people. The cancer registry is vital to all cancer programs and studies and without which, advancements in treatment, population health, and trends cannot be possible.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

This request is to maintain existing levels of work where the grant funding was reduced. This is to extend unused proviso funding from FY24 to FY25 for cancer programs and additional funds to make FY25 whole for the programs.

		FY18	FY19	FY20	FY21	FY22	TOTAL	Carryover from FY22 to FY23-one time	FY23	FY23 DP
Comp Cancer	Grant	300,774	330,851	324,234	374,234	354,234	1,684,327	234,901	333,807	111,000
WSCR (Registry)	Grant	952,654	952,654	1,029,529	952,654	972,654	4,860,145	439,792	760,000	0
Cancer BCHP	Grant	5,500,000	5,500,000	5,700,000	5,700,000	5,700,000	28,100,000	2,153,008	3,100,000	1,212,000
Comp Cancer St Match	GFS	200,000	200,000	200,000	200,000	200,000	1,000,000	0	200,000	0
Cancer BCHP St Match	GFS	570,500	570,500	570,500	570,500	570,500	2,852,500	0	570,500	0
		7,523,928	7,554,005	7,824,263	7,797,388	7,797,388	38,496,972	2,827,701	4,964,307	1,323,000

Detailed Assumptions and Calculations:

In the last program year 8,910 clients were served by BCCHP. The average clinical cost per client served by the program was \$383. This cost does not account for the cost of client support, navigation to resources and administering the program (provider contracts, data management and quality assurance and monitoring).

Federal CDC Funding Level Overview

	Last year's funding level	Requested	Awarded	Shortfall
Cancer Screening	\$5,700,000	\$5,900,000	\$3,100,000	\$2,800,000
Comp Cancer	\$354,234	\$538,000	\$333,807	\$204,193
Cancer Registry	\$972,654	\$1,562,000	\$760,000	\$802,000
Total	\$7,026,888	\$8,000,000	\$4,193,807	\$3,806,193

Workforce Assumptions:

\$250,000 for FY25 for program staff to maintain data system, abstract cancer patient records, work with pathology labs and healthcare systems across the state.

- 1.0 FTE Epidemiologist 3
- 0.2 FTE HSC 2

Estimated salary and benefits for FY25: \$176,700

Overall estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.

Strategic and Performance Outcomes

Strategic Framework:

This proposal aligns with the Governor's Results Washington Goal # 4 Healthy and Safe Communities by doing the following: increasing access to healthcare services, ensuring culturally competent care for all patients, increasing quality of life for those affected by cancer diagnoses, and recovery by supporting community organizations to provide support for those recovering from cancers.

This proposal aligns with the department's Transformational Plan for I. Health and Wellness and II. Health Systems and Workforce Transformation. This budget request is to give residents the opportunity to attain their full potential physical, mental, and social health and well-being and be served by a health ecosystem that is robust and responsive, while promoting transparency, equity, and trust.

Performance Outcomes:

Breast, Cervical and Colon Health Program (BCCHP): BCCHP expects these funds to maintain breast and cervical cancer screening and diagnostic services for 8,900 clients per year and reduce the burden of late-stage cancer. Regional prime contractors have established contractual relationships with Federally Qualified Health Centers and other healthcare providers and community serving organizations in their respective regions to provide the clinical services client navigation and support.

Comprehensive Cancer: These funds will be used to continue the state's partnership with community organizations that help serve focused populations at risk or suffering from cancer. Performance outcomes include:

- Increase the percent of adolescents, both male and female, aged 11 to 12 years that have completed the 2-dose HPV vaccination series from 29.1% to 55% by June 2023 and decreased HPV related cancer diagnoses.
- Increase BRFSS rate of CRC screening from 75% to 80% by June 2028
- Increased age-appropriate cancer screenings by reducing structural barriers to increase community access to cancer screening services.
- Increase Colorectal Cancer provider competency to deliver quality care and services to all, especially in Rural Communities and provide patient centered navigation services.
- Increase number of providers delivering Survivorship Palliative Care Services in Rural Communities
- Promote sun safety and awareness of UV Index particularly in the Puget Sound area.
- Tobacco cessation with a focus on cancer treatment center patients and promoting healthy behaviors for cancer survivors.

Washington State Cancer Registry: WSCR will ensure Washington state's cancer data continues to remain a centralized information center for all cancer diagnoses and treatment. This information remains vital in understanding communities with cancer and provide insight into the social determinants of health that play a role in cancer incidence in communities. The importance of cancer registries lies in the fact that they collect accurate and complete cancer data that can be used for cancer control and epidemiological research, public health program planning, and patient care improvement. Ultimately, all these activities reduce the burden of cancer. Registry data is used to make important decisions that maximize the effectiveness of public health funds, such as the implementation of screening programs.

Equity Impacts

Community outreach and engagement:

The department subcontracts to regional contractors to work with local organizations to serve their communities regionally. Each region has a regionally specific approach to outreach and engagement. Additionally, the department is working specifically with eastern Washington health systems, local public health, community, and academic organizations as a first step to identify a permanent contractor(s) to serve this region of the state which recently has had turnover in its prime contractor.

Disproportional Impact Considerations:

Uninsured, underinsured people and people living in rural communities face unique cancer screening access challenges.

This program also serves communities by bridging community trust and healthcare clinical settings. The partnerships also include work with nontraditional partners, which helps provide additional touch points and education for communities all over the state.

Target Populations or Communities:

People who live in communities with poor access to healthcare providers and facilities, people who earn low incomes, and communities of color historically have disproportionately been impacted by cancer burdens such as barriers to screening and cancer treatment. The solutions proposed in this request will contribute to narrowing health equity gaps by ensuring more people have access to needed screening services, supporting the agency's health strategies, and improving the efficiency of data collected by the agency via modernization improvements. The Cancer programs in Washington state have historically partnered and engaged with over 400 Federally Qualified Health Clinics, tribal organizations such as South Puget Intertribal Planning Agency (SPIPA), and community-based organizations such as the Migrant Seasonal Agricultural Worker Program, Utopia, the Queer and Trans Pacific Island group (QTPI), and Key Center who provides medical services in rural Western Washington to help improve access, navigate services, and educate priority communities and medical providers.

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

Tribal nations may benefit from the increased funding opportunity for direct cancer screening services. Comprehensive cancer has partnered with tribal clinics to try to improve cancer screening outcomes and develop strategic plans to support AIAN communities. WSCR partners with tribal organizations to share data on cancer cases for tribal communities.

Stakeholder Response:

The following organizations are anticipated to support this proposal:

American Cancer Society

American Indian Cancer Foundation

BCCHP Medical Advisory Committee

Federally Qualified Health Centers

Foundation for Health Generations

Fred Hutchinson Cancer Research Center
Health Promotions Research Center at University of Washington
HOPE School
Komen Breast Cancer Foundation
Leaders of Women's Health
Local Health Jurisdictions
Seattle Cancer Care Alliance
South Puget Intertribal Planning Association
University of Washington ARCNW
University of Washington Office of Research
University of Washington School of Medicine
Washington Association of Community Health
Washington Healthcare Access Alliance
Washington State Tumor Registrars Association
Washington Chapter of American Academy of Pediatrics
Washington State Hospital Association
Washington State University College of Pharmacy and Pharmaceutical Sciences

State Facilities Impacts:

N/A

Changes from Current Law:

N/A

Legal or Administrative Mandates:

N/A

HEAL Act Agencies Supplemental Questions

Supplemental HEAL Act Questions

1. Please describe specific likely or probable environmental harms and/or benefits and their associated health impacts to overburdened communities and vulnerable populations.

N/A

2. Please describe any potential significant impacts to Indian tribes' rights and interest in their tribal lands.

N/A

3. Describe how your agency engaged with Tribes in developing this proposal, including offers for tribal consultation, and any direction provided by Tribes through this engagement.

N/A

4. Has an Environmental Justice Assessment been completed? If so, please submit the assessment as an attachment in ABS.

N/A

5. Describe how your agency used the Environmental Justice Assessment process to eliminate, reduce, or mitigate environmental harms and equitably distribute environmental benefits? If your agency determined that you were unable to eliminate, reduce, or mitigate environmental harms and equitably distribute environmental benefits, please provide a justification for not doing so.

N/A

Reference Documents

[Cancer Grant Grid Explanation.pdf](#)

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	(\$15)	\$192	\$177	\$0	\$0	\$0
Obj. B	(\$7)	\$72	\$65	\$0	\$0	\$0
Obj. E	(\$4)	\$19	\$15	\$0	\$0	\$0
Obj. N	(\$1,874)	\$3,090	\$1,216	\$0	\$0	\$0
Obj. T	\$0	\$11	\$11	\$0	\$0	\$0

Agency Contact Information

Kristin Bettridge
 (360) 236-4126
 kristin.bettridge@doh.wa.gov